

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 429)**

SERIAL NO. 525564
APPLICANT

FILING DATE 3/15/00

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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18	1					
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49						
50						
TOTAL NO.	3					
TOTAL OFF.	18					
TOTAL	21					

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
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100						
TOTAL NO.	0					
TOTAL OFF.						
TOTAL						